CIVIL AIR PATROL Headquarters Maryland Wing P.O. Box 18341 Baltimore MD 21240-8341 MDWG Supplement 1 CAPR 60-1 05 May 2002

Operations

CAP Flight Management

CAPR 60-1, 4 November 2001, is supplemented as follows:

2-5b. GEOGRAPHICAL LIMITS FOR FLIGHTS OF CAP AIRCRAFT.

- 1) The MDWG Commander has authorized flights to Virginia, Delaware, Pennsylvania and West Virginia. Pilots must notify MDWG Director of Operations or Current Operations Officer prior to departure. The aircraft may not remain away from its home airfield overnight.
- 2) For overnight flights and flights to any other state not listed above, the pilot must request approval by submitting a MDWG Form 7 (Request for Out of State Operation of Corporate Aircraft) to the MDWG Director of Operations least 3 weeks prior to the anticipated date of flight.

2-8. OPERATIONS MONTHLY ACTIVITY REPORT

Added. A MDWG Form 91, Aircraft Flight Log will be maintained in each corporate aircraft. At the end of each month, the unit will retrieve the MDWG Form 91 from the aircraft, tally the flying hours and complete a MDWG Form 3, Monthly Flying Time and Financial Report. The MDWG Form 3, 91 and any aircraft maintenance money due for reimbursable flying are due to MDWG HQ/DOO no later than the 2nd Monday of the succeeding month.

2-9. Active Maryland Wing CAP pilot records shall be maintained at Wing Headquarters. If a unit within the wing desires to also maintain records for pilots within their unit, they may do so.

4-5e FLIGHT RELEASE OFFICER OUALIFICATIONS

HQ CAP/DO has granted a waiver for persons who do not meet the eligibility requirements of para. 4-5.c. of CAPR 60-1 to be appointed as Flight Release Officers for Bay Patrol Operations only. These personnel must meet all other eligibility requirements, but that they do not need to be a unit commanders, experienced pilots or incident commanders. Any person subject to this waiver must complete all required training and sign a MDWG Form 142 which will be kept on file with MDWG/DOO. Each person covered by this waiver will be appointed in writing and approved by the region commander prior to the beginning of Bay Patrol season and the authority to release flights for Bay Patrol will expire at the conclusion of the of operations for the year.

4.6. FLIGHT RELEASE OFFICER RESPONSIBILITIES

c. Changed. FROs do not need to send a copy of the CAPF99 to the LO. The MDWG/DOO will forward the completed CAPF99 to the LO once all information has been verified.

4.9 FLIGHT RELEASE OFFICER; COMMANDERS RESPONSIBILITIES

- a.3) Changed. MDWG/DOO will publish a list as needed of all FRO's in MDWG to be reviewed annually.
- a.5) Changed. MDWG/DOO will provide a list of all current FRO's to the LO quarterly or as needed.

Supersedes MDWG Supplement 1, 1 January 1999

OPR: DO

Distribution: In accordance with CAPR 5-4

a.6) MDWG/DOO will be responsible for initial and recurrent training of all current and perspective FRO's.

a.7) The Unit Commander will be responsible for initiating the MDWG Form 142

at the conclusion of the FRO's Classroom instruction and an introduction to the Units local operating procedures.

JOHN F. REUTEMANN III, C/Lt Col, CAP Administrative Officer

LAWRENCE L. TRICK, Col, CAP Commander

- 4 Attachments:
- 1. MDWGF 3 (Monthly Operations Flying Time Report)
- 2. MDWGF 7 (Request for Out of State Operation of Corporate Aircraft)
- 3. MDWGF 91 (Aircraft Flight Log)
- 4. MDWGF 142 (Appointment and Agreement of Flight Release Official)

Supersedes MDWG Supplement 1, 1 January 1999

OPR: DO

Distribution: In accordance with CAPR 5-4

MDWGF 3 - MONTHLY FLYING TIME AND FINANCIAL REPORT

This report is due at Wing HQ/DOO no later than the second Monday of each month.

ост	NOV	DEC	JAN	FEB				l			1	
					MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL

MDWGF 7

REQUEST FOR OUT OF STATE OPERATION OF CORPORATE AIRCRAFT

For out of state flights within Middle East Region, submit three copies of this form with three copies of CAP Form 99 to Wing HQ/DO at least two weeks prior to the proposed flight date. For out of region flights, submit same number of forms three weeks prior to the flight date.

Unit:		D	ate:
Aircraft Mode	el:		umber: N
Pilot:			
Nar	ne	Rank	CAPSN
Destination A	Airport:		
Flight Depart	ture Date:		
Flight Retur	n Date:		
Purpose of Flight:			
Passengers:	1Name	Rank	CAPSN
		Raik	CAFBN
	Name	Rank	CAPSN
	3.		
	Name	Rank	CAPSN
plan will be	filed with the	ogged in the Flight Author ne FAA, proper uniforms wi c CAP members.	
Aircraft	Commander		Pilot's Signature
Wing Dir	of Ops	Commander, MD Wing	Commander, MER

Aircraft Flight Log

							Unit	Next Maint Due (Tach)	
ıy I	Duty	Name	Rank	Serial Number	Unit	Flight Data	Flt Time/Hobbs	Flt Time/Tach	Remarks
	PIC					MISSION SYMBOL	Landing	Landing	
							Takeoff:	Takeoff:	
						CHARGE TO:	Flight:	Flight:	
							FRO:		
	PIC					MISSION SYMBOL	Landing	Landing	
							Takeoff:	Takeoff:	
						CHARGE TO:	Flight:	Flight:	
							FRO:		
	PIC					MISSION SYMBOL	Landing	Landing	
							Takeoff:	Takeoff:	
						CHARGE TO:	Flight:	Flight:	
							FRO:		
	PIC					MISSION SYMBOL	Landing	Landing	
							Takeoff:	Takeoff:	
						CHARGE TO:	Flight:	Flight:	
						Ī	FRO:		
	PIC					MISSION SYMBOL	Landing	Landing	
							Takeoff:	Takeoff:	
						CHARGE TO:	Flight:	Flight:	
							FRO:		
	PIC					MISSION SYMBOL	Landing	Landing	
							Takeoff:	Takeoff:	
						CHARGE TO:	Flight:	Flight:	
							FRO:		
	PIC					MISSION SYMBOL	Landing	Landing	
							Takeoff:	Takeoff:	
						CHARGE TO:	Flight:	Flight:	
							FRO:		

Appoin	itment and	Agreement of Flight Re	elease	e Official	(FRO)			
member named k with CAP Flight A have been grante the CAP Flight M	pelow. I certify th Activity, an experi ed a waiver by ME	ation 60-1 currently in effect, I hereby ap at this member is either an Incident Con enced CAP pilot with a private or higher R CAP/CC. I also certify that this memb am and flight release procedures and ha	nmander pilot ce er posse	, a Unit Commai rtificate (need ne esses a sound k	nder of a Unit ot be current)or nowledge of			
NAME								
HOME TELEPHO	NE NUMBER							
WORK TELEPHO	NE NUMBER							
EMAIL ADDRESS	3							
PAGER/CELL PH	ONE NUMBER							
UNIT NAME		CHARTE	R NUMBER					
	SIGNA	TURE OF UNIT COMMANDER		DATE				
I hereby certify that I understand my responsibilities as a Flight Release Official as set forth in CAP Regulation 60-1 currently in effect, and agree that I will follow the procedures set forth therein. I also certify that I have attended the required training class and have completed all pre-requisite training. I understand that i must forward a copy of the previous month's CAPF 99 to Maryland Wing CAP/DOO no later than the 5th of each month I also certify that i have in my possession a copy of the Maryland Wing FRO Checklist and i will use it. I understand that at any time this authorization may be revoked by HQ Maryland Wing CAP/DOO.								
	SIGNATURE AND		DATE					
	SIGNATURE OF		DATE					
		COURSE COMPLETION						
DATE MARYLAN	D WING FORM 14	2 SUBMITTED TO HQ/DOO						
MD WGFORM 142 (AF	PR 02) previous editions	ARE OBSOLETE.						